3.7990 3.7990
(Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Department of the Treasury	
Internal Revenue Service	

Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2019 calen	dar year, or tax year beginning , 2019, and endir	ng	, .,	, 20			
B Check if applicable C Name of organization PEACE OFFICERS RESEARCH ASSOC OF CALIFORNIA D Employer identification in									
	Address	s change	23-70	77256					
	Name o	hange	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Teleph	one number			
	Initial re	eturn	4010 TRUXEL ROAD		(916) 928-3777				
$\overline{\Box}$	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
Amended return SACRAMENTO, CA 95834 G Gross receipts \$6, 161,									
\Box	Applica	tion pending	F Name and address of principal officer	H(a) Is this a gro		subordinates? Yes No			
			BRIAN MARVEL, 4010 TRUXEL ROAD, SACRAMENTO, CA 95			s included? Yes No			
ī	Tax-exe	empt status	501(c)(3)		ittach a lis	t. (see instructions)			
J	Website	e: ► WWW.P	ORAC.ORG	H(c) Group ex	kemption i	number >			
ĸ			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation 1963	M State	of legal domicile CA			
Р	art I	Summa	ry						
	1		cribe the organization's mission or most significant activities: TO MA	AINTAIN A	LEADE	RSHIP ROLE			
9			NIZING, EMPOWERING, AND REPRESENTING THE INTER						
Activities & Governance	1		ACE OFFICERS.						
er.	2		box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.			
30	3		voting members of the governing body (Part VI, line 1a)		3	38			
ಷ	4		independent voting members of the governing body (Part VI, line 1b)	4	36			
ies	5		per of individuals employed in calendar year 2019 (Part V, line 2a)		5	15			
<u>`</u>	6		per of volunteers (estimate if necessary)		6	0			
Aci	7a		ated business revenue from Part VIII, column (C), line 12		7a	890,773.			
;	Ь		ted business taxable income from Form 990-T, line 39		7b	2,328.			
				Prior Year		Current Year			
ļ as	8	Contributio	ons and grants (Part VIII, line 1h)	5,292,	102.	4,337,706.			
Revenue	9		ervice revenue (Part VIII, line 2g)	1,207,		1,295,616.			
e e	10	Investment	951.	443,540.					
, œ	11	Other reve	3337	129.	5,049.				
L.	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,880,		6,081,911.			
<u> </u>	13		d similar amounts paid (Part IX, column (A), lines 1-3)	5,555,	337.1	<u> </u>			
2	14		aid to or for members (Part IX, column (A), line 4)						
Ś	15	-	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	663.	959.	736,476.			
nse	16a		al fundraising fees (Part IX, column (A), line 11e)						
Expenses	ь		raising expenses (Part IX, column (D), line 25)						
ũ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,424,	626.	3,934,082.			
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,088,		4,670,558.			
	19		ess expenses. Subtract line 18 from line 12	2,792,		1,411,353.			
or Ses				Beginning of Curre		End of Year			
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	18,638,	011.	21,375,397.			
Ass	21		ties (Part X, line 26)	1,710,		1,848,199.			
F R	22	Net assets	or fund balances. Subtract line 21 from line 20	16,927,		19,527,198.			
	art II	Signatu	re Block			· · · · · · · · · · · · · · · · · · ·			
Un	der pena	alties of perjury,	, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the	best of m	y knowledge and belief, it is			
tru	e, correc	et, and complete	e Declaration of prepare (cher than officer) is based on all information of which prepare	er has any knowled	ge				
			2,6		1014	3) 2020			
Si	gn	Signati	uge of officer	Date	1				
He	ere	BR17	AN MARVEL, PRESIDENT						
		Type o	r print name and title						
Pa	id	Print/Type	preparer's name Preparer's signature	Date	Check D	(If PTIN			
	nu epare	P. DOM	MINIC FORNER CPA	7/1/200	self-emp				
	e On		ne > WINKLER & FORNER CPAS	Firm's	EIN ► 3	2-0329674			
		Firm's add	dress ► 3211 EL CAMINO AVE, SACRAMENTO, CA 95821	Phone		6) 485-8145			
Ma	y the II		this return with the preparer shown above? (see instructions)			. ⊠Yes □No			

Form **990** (2019)

	990 (2019)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	⊠No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊠No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	Υ
та	ALL PROGRAMS AND DUES REVENUE FUNDED EXPENDITURES TO ASSIST PEACE OFFICERS IN SEEKING ADEQUATE COMPENSATION FOR THEIR PROFESSIONAL DUTIES, ASSIST IN THEIR PROFESSIONAL DEVELOPMENT, AND TO IMPROVE CONDITIONS OF EMPLOYMENT.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
,,		'
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$	

CDOR Page

rai t	Checklist of Required Scriedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	×	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		_^ ×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part Part	Checklist of Required Schedules (continued)			
•	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	×	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38 Dart	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oncorn Conedule C contains a response of note to any line in this part v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		. 55	.,,,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	j		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		-	•

<u></u> arτ	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7 / / 104					
٠.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	0.4.4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X Park Otto	al species of the control of the con			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1000				
3a '	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	_×				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	12000,200	×			
b	If "Yes," enter the name of the foreign country						
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	×			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		×			
С	The second secon						
_. 6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
_	gifts were not tax deductible?	6b	2000 7 10	0 2020-1 640-42			
7	Organizations that may receive deductible contributions under section 170(c).	100		1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		2.5	عقبه			
	and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_					
	required to file Form 8282?	7c	ON SERVICE	i ilimaanista			
d	If "Yes," indicate the number of Forms 8282 filed during the year		-11				
e f	Did the organization receive any funds; directly or indirectly, to pay premiums on a personal benefit contract?	7e		 			
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		-			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	33434					
•	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	2000				
9	Sponsoring organizations maintaining donor advised funds.	6.37.236	5000				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10 ,	Section 501(c)(7) organizations. Enter:	70.0	C. 9	2			
а	Initiation fees and capital contributions included on Part VIII, line 12		9.0	4			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		- 5	2			
11	Section 501(c)(12) organizations. Enter:			4			
a	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)			10.4			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			27.7			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.			2			
b	Enter the amount of reserves the organization is required to maintain by the states in which	140	1.5				
	the organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand	W.	* 1				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	×			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15	wagranes :				
	If "Yes," see instructions and file Form 4720, Schedule N.						
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	1868CE	president.			
		* 2. A. M. W. C.		144.00000000000000000000000000000000000			

Part VI

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struc	tions.
Secti	on A. Governing Body and Management			
		F (1787) 1	Yes	No * .2.54
1a				
i	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
, L	committee, explain on Schedule O.			
2 ·	Enter the number of voting members included on line 1a, above, who are independent . 1b 36			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u>×</u>
6 7-	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cc	de.)	
		\longrightarrow	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			الألنثة
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		<u>×</u>
14	Did the organization have a written document retention and destruction policy?	14	~ i k,	X 274554
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	, 40-4
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	اعود را تعارف	<u>``</u>	
b	with a taxable entity during the year?	16a	12	×
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u></u>	<u>.</u>
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	fintere	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and real BRIAN MARVEL, 4010 TRUXEL ROAD, SACRAMENTO, CA 95834 (916) 928-3777	cords 🖡	>	

Par	۵	7

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Emp	loyees, and
	Independent Contractors	, , , , ,		•

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, individual or director	unles	Pos neck ss pe	rson	than soft sompensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRIAN MARVEL PRESIDENT	40.00	×		×				24,000.	0.	0.
(2) DAMON KURTZ	40.00			 ``	 			24,000.	0.	<u>U.</u>
VICE-PRESIDENT	1	×		×		•		12,000.	0.	0.
(3) TIM DAVIS TREASURER	1.00	×		×	×			0.	0.	0.
(4) RANDY BEINTEMA SECRETARY	1.00	×		×				0.	0.	0.
(5) TONY BOLANOS EXECUTIVE COMMITTEE	1.00	×						0.	0.	0.
(6) BARRY DONELAN EXEC COMMITTEE	1.00	×						0.	0.	0.
(7) TIM CAUGHRON EXEC COMMITTEE	1.00	×						0.	0.	0.
(8) TONY SANDERS EXEC COMMITTEE	1.00	×						0.	0.	0.
(9) MARSHALL MCCLAIN EXEC COMMITTEE	1.00	×						0.	0.	0.
(10) PAUL KELLY EXEC COMMITTEE	1.00	×						0.	0.	0.
(11) JESUS MONTANA EXEC COMMITTEE	1.00	×						0.	0.	0.
(12) JAVIER ANTUNEZ DIRECTOR	1.00	×						0.	0.	0.
(13) BRIAN AVERA DIRECTOR	1.00	×						0.	0.	0.
(14)CHRIS BARKER DIRECTOR	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors,	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
•				(6	C)					,
(A)	(B)	(B) Position (D) (E)				(F)				
Name and title	Average					e than (Reportable	Reportable	Estimated amount
	hours					is both or/trus		compensation	compensation	of other
	per week		,			_		from the	from related	compensation
	(list any hours for	호호	l st	Officer	ey	클	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	Individual trustee or director	Institutional trustee	Œ.	Key employee	oye e	₫	(44-27 1033-141100)	(***-2/1000-101100)	related organizations
	organizations	익률	<u>a</u>		ğ	l [®] Si		İ		_
	dotted line)	ste	LZ.		8	Pen		1		
	Gottog IIIIo,	Φ	tee			Highest compensated employee				
14.50			-		-					
(15) JIM BOCK	1.00									
DIRECTOR		×		_		ļ		0.	0.	0.
(16) BRYAN BOOTH	1.00					i		_		
DIRECTOR		×	ļ	<u> </u>	<u> </u>			0.	0.	0.
(17)MICHAEL BOYD	1.00			ŀ]		
DIRECTOR	<u></u>	×						0.	0.	0.
(18) PETER DURFEE	1.00	ļ								
DIRECTOR		×						0.	0.	0.
(19) DAMIAN EVANS	1.00]								
DIRECTOR		×						0.	0.	0.
(20) GARY FRACE	1.00			ĺ						
DIRECTOR		×						0.	0.	0.
(21) EDGAR HAMPTON	1.00									
DIRECTOR		×						0.	0.	0.
(22) MICHELE CHISM	1.00									
DIRECTOR	T	×						0.	0.	0.
(23) SCOTT LAUDNER	1.00									
DIRECTOR	†	×		ŀ				0.	0.	0.
(24) WILLIAM ETUE	1.00		-							
DIRECTOR	† -	×						0.	0.	ο.
(25) TODD KENDRICK	1.00									
DIRECTOR	† <u></u>	×						0.	0.	0.
1b Subtotal	1			٠	L	L	•	36,000.	0.	0.
c Total from continuation sheets to Part	VII. Sectio	n A	•	•		•	.	128,486.	0.	0.
d Total (add lines 1b and 1c)			Ċ	•			•	164,486.	0.	0.
Total number of individuals (including but			1086	·list	ed:	ahove	- N/ (e			<u> </u>
reportable compensation from the organ			.030	, 1130	·Cu	1	,, vv	no received mon	ε ιπαπ ψτου,ουο	OI .
	- Lation P	-							•	Yes No
3 Did the organization list any former	officer dire		 .	-+	- L		1	avaa ar biabaa		_
3 Did the organization list any former employee on line 1a? If "Yes," complete							•	oyee, or nignes	•	3 ×
•										
4 For any individual listed on line 1a, is the organization and related organizations										
individual	greater th	an p	150,	UUU	11	76	5,	complete sched	Jule J TOT SUCT	
	· · · ·		· 	•		•	• •			
5 Did any person listed on line 1a receive of										1 1
for services rendered to the organization Section B. Independent Contractors	: 11 Tes, C	ompi	ere	SUL	ieut	ile J i	OI S	uch person .		5 ×
				: ·						N #100.000 -4
 Complete this table for your five hig compensation from the organization. Rep 										
	ort compen	Saliui	1 101	·	; Ca	enda	ye		within the organ	
(A) (B) (C) Name and business address Description of services Compens							(C) Compensation			
reams and business address Description of services Compensation										
							ļ			
2 Total number of independent contractor	•	_					th	ose listed above	e) who	,

	:			•				· .
<u> </u>	990 (201) VIII	Statement of Revenue Check if Schedule O contains a res	enon	use or note to ar	ov line in this Ps	ort VIII		Page S
7		Official in Goriedate of Cornains a res	<u>.</u>	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue.	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	1a					Sections 312–314
ons, Gifts, Grants Similar Amounts	b b	Fundraising events 1c		4,337,706.				
Gifts, ilar An	_d e	Related organizations	vernment grants (contributions) 1e					
tions,	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1, 11		26-22		
Contributions, and Other Sim	g	Noncash contributions included in lines 1a–1f	1g	\$				
Cont	h	Total. Add lines 1a-1f		Business Code	4,337,706.		52320	
vice	2a b	ADVERTISING INSURANCE/ADMIN		Business Code	890,773. 101,102.	0.	890,773.	0.
gram Ser Revenue	c d	CONFERENCES/SEMINARS SUBSCRIPTION REVENUE			302,732. 1,009.	302,732.	0.	0.
Program Service Revenue	e	All other program service revenue .		•	1,005.	1,005.	,	, , , , , , , , , , , , , , , , , , ,
	g	Total. Add lines 2a-2f	•		1,295,616.			*
· · · · · · · · · · · · · · · · · · ·	4	Investment income (including divid other similar amounts)	ot bo	ond proceeds ►	431,357.	. 0.	0.	431,357.
ì	5	Royalties	•	(ii) Personal				
	6a b	Gross rents 6a Less: rental expenses 6b						
	c d	Rental income or (loss) 6c Net rental income or (loss)		•				
	7a	Gross amount from sales of assets other than inventory 7a (i) Securities (ii) Securities (ii) Securities (iii) Securities (ii		(ii) Other				
Other Revenue	l .	Less: cost or other basis and sales expenses 7b 79,83 Gain or (loss) 7c 12,18						
Other I	d . 8a	Net gain or (loss)	•	•	12,183.	0.	0.	12,183.
	•	of contributions reported on line 1c). See Part IV, line 18	8a					
,	_	Less: direct expenses Less: direct expenses	8b´ eve	nts ▶				
ļ	9a . b	Gross income from gaming activities. See Part IV, line.19 Less: direct expenses	9a 9b					
	10a		10a	es . ;: . >				
<u></u>	c	Net income or (loss) from sales of inv		bry Business Code			The state of the s	
Miscellaneous Revenue	11a b	MISC. REVENUE		9999999	5,049.	5,049.	0.	0.
Misc. Re	d	All other revenue	 •		5.049			#74#10012494F

12

Total. Add lines 11a-11d .

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All other (organizations must co	mplete column (A).
--------------------------------	--------------------------	--------------------------------	-----------------------	--------------------

	Check if Schedule O contains a respons	e or note to any line	e in this Part IX .		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	•	· ·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				成。这种"不是是
4	Benefits paid to or for members				748
5	Compensation of current officers, directors, trustees, and key employees	36,000.			ì
6 ·	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		•	٠	<u>.</u>
7	Other salaries and wages	533,615.		•	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,667.	•		
9	Other employee benefits	79,497.		ť	
10	Payroll taxes	47,697.		· ·	٠
11	Fees for services (nonemployees):				
а	Management				
b	Legal	115,038.			4
С	'Accounting	22,500.	`		
ď	Lobbying	552,675.	·		
е	Professional fundraising services. See Part IV, line 17		* T. C. W. S. C.	金銭を含める。	
f	Investment management fees	74,075.			1
g	Other. (If line 11g amount exceeds 10% of line 25, column			•	
	(A) amount, list line 11g expenses on Schedule O.) .	358,729.	358,729.	. 0.	0.
12	Advertising and promotion	888,445.		,	
13	Office expenses	49,071.		•	
14	Information technology	12,996.			,
15	Royalties	-			
16	Occupancy	,			
17	Travel	304,518.		•	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				ŧ
19	Conferences, conventions, and meetings .	411,602.			•
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	140,025.	1		• (
23	Insurance	82,599.		_	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	We charted			HAMBULISAN
а	BASIC AD&D EXPENSE	27,153.			
b	POLITICAL ISSUES COMMITTEE	104,000.			
С	SEMINAR EXPENSE	109,621.			
d	NATIONAL ISSUES EXPENSE	32,109.		k	
е	All other expenses	648,926.			·
25	Total functional expenses. Add lines 1 through 24e	4,670,558.	. 358,729.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	,			
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this P	artX		. <u></u>
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	344,320.	1	404,576.
	2	Savings and temporary cash investments	4,566,865.	2	3,430,335.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	275,345.	4	35,373.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	New Landson Control of the Control o	5	20 M N N N N N N N N N N N N N N N N N N
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	128,967.	9	268,289.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,593,742.			
	b	Less: accumulated depreciation 10b 1,896,059.	2,762,598.	10c	2,697,683.
	11	Investments—publicly traded securities	10,559,916.	11	14,165,181.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	` 0.	15	373,960.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,638,011.	16	21,375,397.
	17	Accounts payable and accrued expenses	802,129.	17	305,143.
	18	Grants payable		18	
	19	Deferred revenue	908,612.	19	922,235.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0.	25	620,821.
	26	T 4 12 1 222 4 1 1 4 2 2 4 2 4 2 4 2 4 2			
s		Organizations that follow FASB ASC 958, check here ► 🗵	1,710,741.	26	1,848,199.
ance		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions	16,927,270.	27	19,527,198.
힐	28	Net assets with donor restrictions	125 di 141 % L'elle 1812225 di . "	28	363 8 883 883 883 8 A A A A
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			がある。 全は多なない。 では、 では、 では、 では、 では、 では、 では、 では、
000	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund $\ \ . \ \ . \ \ .$		30	
ASi	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>e</u>	32	Total net assets or fund balances	16,927,270.	32	19,527,198.
Z	33	Total liabilities and net assets/fund balances	18,638,011.	33	21,375,397.

Page	1	2

Pari	: XI						
		Check if Schedule O contains a response or note to any line in this Part XI				. 🖳	
٠1	Tota	I revenue (must equal Part VIII, column (A), line 12)	1	6,	081,	911.	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net a	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	927,2	270.	
5		unrealized gains (losses) on investments	5	_1,	188,	<u>575.</u>	
6	Dona	ated services and use of facilities	6				
7	Inve	stment expenses	7				
8	Prior	period adjustments	8				
9	Othe	er changes in net assets or fund balances (explain on Schedule O) [9				
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, c	column (B))	10	19,	527,	198.	
Part	XII	Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>	
				,	Yes	No	
1		ounting method used to prepare the Form 990: Cash Accrual Other					
		e organization changed its method of accounting from a prior year or checked "Other," ex	(plain	ın			
		edule O.					
2a		e the organization's financial statements compiled or reviewed by an independent accountant? .				×	
		es," check a box below to indicate whether the financial statements for the year were com	pıled	or ·		1	
		wed on a separate basis, consolidated basis, or both:					
		eparate basis					
b		e the organization's financial statements audited by an independent accountant?		2b	×	L.,	
		es," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
		rate basis, consolidated basis, or both:					
		eparate basis			·		
С		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove			١		
		audit, review, or compilation of its financial statements and selection of an independent accounta		<u> </u>	×		
		e organization changed either its oversight process or selection process during the tax year, execute O.	plain	on	1		
•				.	-		
Зa		result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	l l			
L	_	le Audit Act and OMB Circular A-133?		<u>3a</u>	+	×	
D		es," did the organization undergo the required audit or audits? If the organization did not undired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a					
	equi	iled addit of addits, explain why on schedule of and describe any steps taken to undergo such a	นนแร .	Ju	1		

REV 06/02/20 PRO

Form **990** (2019)



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	ee separate instructions), ti	hen			
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization			Employer ider	ntification number
PEAC		CH ASSOC OF CALIFORNIA		23-70772	
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 o	organization.
1	Provide a description of definition of "political car	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions).			0.
3		cal campaign activities (see instruc			0
Part		e organization is exempt unde			
1		excise tax incurred by the organiza			
2	•	excise tax incurred by organization			
3	•	ed a section 4955 tax, did it file For	_		Yes No
4a	-		~		Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities				0.
2		filing organization's funds contrib			
	•	vities		▶ \$	0.
3		expenditures. Add lines 1 and 2.			
					<u>0.</u>
4	= *	n file Form 1120-POL for this year?			-
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro- fund or a political action committe			
				<u> </u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Рa	rt II-A	Complete if the organizat section 501(h)).	ion is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
Δ.	Check ▶	If the filing organization beloaddress, EIN, expenses, an				liated group memb	per's name,
3	Check ▶	☐ if the filing organization che					
		-	bbying Expendit			(a) Filing	(b) Affiliated
•		(The term "expenditures")	organization's totals	group totals
1	a Total lo	obbying expenditures to influen	ce public opinion	(grassroots lobbyi	ng)		
		obbying expenditures to influen					
		obbying expenditures (add lines		• •	- :		
		exempt purpose expenditures					
		xempt purpose expenditures (a					
		ng nontaxable amount. Ente					,
	If the ar	mount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
	g Grassr	oots nontaxable amount (enter	25% of line 1f)				
	h Subtra	ct line 1g from line 1a: If zero oi	less, enter -0-				
		ct line 1f from line 1c. If zero or	•			, , , , , , , , , , , , , , , , , , , ,	•
		e is an amount other than zei			-		
	reporti	ng section 4911 tax for this yea					Yes No
	(Som	e organizations that made a s	section 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five colum	ns below.
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period	1	
	Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2	a Lobbyi	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount				·	
		oots ceiling amount of line 2d, column (e))					
•	f Grassr	oots lobbying expenditures	-		,	,	
							m 000 or 000-E7) 2010

r, ai t	(election under section 501(h)).	ilea i	rom	1 3/00)	
		(a	a)	I	(b)	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed in the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
b	If "Yes," enter the amount of any tax incurred under section 4912					
G C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5)	or se	ction		
	501(c)(6).	(0), (J. GC	0		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	×	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			_	ļ	×
rart	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				line 3	s, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Parl				1		•
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp list	t); Pa	rt II-A,	lines 1	and
Pt I	-A Line 1: THE ORGANIZATION HAS A SEPARATE PAC FUND.					
						-
						
•••••						

Schedule C (For	m 990 or 990-E2) 2019	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number 23-7077256 PEACE OFFICERS RESEARCH ASSOC OF CALIFORNIA Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year а 2b С Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

, Cit	Organizations Maintaining Co	ollections of Art,	Hist	orical T	reasures,	or Ot	her Similar As	sets (continued)
3 ,	'Using the organization's acquisition, acc collection items (check all that apply):	ession, and other i	record	ds, checl	k any of the	e follow	ing that make s	ignificant use of its
а	☐ Public exhibition		d [☐ Loan d	or exchange	e progr	am	
b	☐ Scholarly research		e [Other				
С	☐ Preservation for future generations							
4	Provide a description of the organization	's collections and	explai	in how th	ney further	the org	anization's exen	npt purpose in Part
_	XIII.							
5	During the year, did the organization sol assets to be sold to raise funds rather that	in to be maintained						
Part	Complete if the organization an 990, Part X, line 21.		Forn	n 990, F	Part IV, line	9, or	reported an am	nount on Form
1a	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part 3	XIII and complete the	he foll	lowing ta	ible:	<u> </u>	Aı	mount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount o					ıstodial	account liability	? 🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Part 3							
Par	V Endowment Funds.			-				
	Complete if the organization an	swered "Yes" on	Forn	n 990, F	art IV, line	10.		
	(a) Current year ((b) Prioi	r year	(c) Two years	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					I		
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							•
е	Other expenditures for facilities and programs							
f	Administrative expenses							
	End of year balance							
g	•			//:== 1=	lumm (a)	المسلم		
2	Provide the estimated percentage of the		liance	time rg	, column (a)	i) neia a	15.	
a	Board designated or quasi-endowment	> %						
D		%						
С	Term endowment ▶ %							
За	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the po	•		ation tha	at are held a	and ad	ministered for th	e
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organ							3b
_ 4	Describe in Part XIII the intended uses of	the organization's	endov	wment fu	ınds.			
Part								
	Complete if the organization an	swered "Yes" on	Forn	n 990, F	Part IV, line	11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other ba (investment)	asıs		r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land		0.	75	52,652.			752,652.
b	Buildings		0.		20,129.		794,194.	1,725,935.
C	Leasehold improvements		0.		47,286.		60,448.	86,838.
d	Equipment		0.		59,690.	•	890,204.	69,486.
e	Other	****	0.		13,985.		151,213.	62,772.
	Add lines 1a through 1e. (Column (d) must	t equal Form 990, F	Part X,			c.)		2,697,683.

Part VII	Investments—Other Securities.	m 000 Dort IV lin	a 11h Can Form	000 Part V line 12
	Complete if the organization answered "Yes" on For	F		
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial				
	eld equity interests	<u> </u>		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.	<u>!</u>		
t die viii	Complete if the organization answered "Yes" on For	rm 990. Part IV. line	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)				or-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		<u></u>	
Part IX	Other Assets.	000 Dout IV lin	a 11 d Coo Form	000 Dort V line 15
	Complete if the organization answered "Yes" on For	m 990, Fart IV, IIII	e 11a. See Form	(b) Book value
(1) DUE E	ROM AFFILIATES			373,960.
(2)	OM AFFILIATES			373,300.
(3)	191111111			
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				<u> </u>
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)			373,960.
Part X	Other Liabilities. Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability			(b) Book value
(1) Federal ır				
) AFFILIATES			620,821.
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)			620,821.
	uncertain tax positions. In Part XIII, provide the text of the footn			
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part	XI	Reconciliation of Revenue per Audited Financial Stateme		neturii.
	•	Complete if the organization answered "Yes" on Form 990, F		
.1		revenue, gains, and other support per audited financial statements		1
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	•	
а		nrealized gains (losses) on investments	2a	
b	Donat	ed services and use of facilities	2b]
С	Recov	reries of prior year grants	2c	•
d	Other	(Describe in Part XIII.)	2d	
е	Add li	nes 2a through 2d		2e
3	Subtra	act line 2e from line 1	,	3
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С	Add li	nes 4a and 4b		4c
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII	Reconciliation of Expenses per Audited Financial Statem		er Return.
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	expenses and losses per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donat	ed services and use of facilities	2a]
b	Prior y	vear adjustments	2b], †
С	Other	losses	2c	<u> </u>
d	Other	(Describe in Part XIII.)	2d	
е	Add lı	nes 2a through 2d		2e
3	Subtra	act line 2e from line 1		3
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	j <u>i</u>
b	Other	(Describe in Part XIII.)	4b]
_	Add li	nes 4a and 4b		1 a -
С		100 10 10 10 10 1 1 1 1 1 1 1 1 1 1 1 1		4c
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
5 Part	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	. 18.)	5
5 Part Provid	Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5 r; Part V, line 4; Part X, line
5 Part Provid 2; Par	Total XIII le the c t XI, line	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provice 2; Par Pt X EXPE	Total XIII le the c t XI, line	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. Escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the supplemental part of t	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.
5 Part Provic 2; Par Pt X EXPE	Total XIII de the c t XI, line II, I NSE	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the ine 2d: DIFFERENCE IN DEPRECIATION METHODS & ne 2d: DIFFERENCE IN TAX LOSS ON SALE OF ASSE	e 18.)	5; Part V, line 4; Part X, line formation.

Schedule D (For	m 990) 2019 Pag	ge 5
Part XIII	Supplemental Information (continued)	_
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2019 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PEACE OFFICERS RESEARCH ASSOC OF CALIFORNIA 23-7077256

Pt VI, Line 6: PORAC IS A PEACE OFFICERS' MEMBERSHIP ORG. THE MEMBERS ELECT THE GOVERNING BODY. Pt VI, Line 7a: DIRECTORS: THE MEMBERSHIP IS COMPRISED OF 15 ASSOCIATIONS. EACH ASSOCIATION ELECTS ONE PERSON TO SERVE AS DIRECTOR ON THE BOARD. DIRECTORS AT LARGE: EACH ASSOCIATION RECEIVES A DIRECTOR AT LARGE POSITION IF ITS MEMBERSHIP NUMBERS MEET THE MINIMUM REQUIREMENT. THE ASSOCIATION ELECTS THE DIRECTOR AT LARGE. EXEC COMMITTEE: THE EXEC COMMITTEE IS ELECTED FROM THE DIRECTORS FOR A TWO YEAR TERM. OFFICERS: THE OFFICERS ARE VOTED ON BY THE GENERAL MEMBERSHIP AT THE ANNUAL CONFERENCE HELD BY THE ASSOCIATION. Pt VI, Line 7b: BYLAW CHANGES ARE VOTED ON BY THE GENEREAL MEMBERSHIP AT THE ANNUAL MEETING. Pt VI, Line 11b: FORM 990 IS REVIEWED BY THE PRESIDENT, VP, TREASURER, MANAGER AND THE ACCOUNTANT PRIOR TO FILING. Pt VI, Line 12c: POLICIES REQUIRE INDIVIDUALS TO DISCLOSE ANY CONFLICTS. DIRECTORS ARE REMINDED PERIODICALLY AT ANNUAL SEXUAL HARASSMENT TRAINING AND NEW DIRECTOR'S TRAINING. EMPLOYEES ARE REMINDED PERIODICALLY AT STAFF MEETINGS AND THE POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK. Pt VI, Line 15a: THE ORGANIZATION HIRES AN INDEPENDENT 3RD PARTY TO OBTAIN A SALARY SURVEY WHICH IS USED IN DELIBERATIONS AND DECISIONS BY THE COMPENSATION COMMITTEE AND GOVERNING BOARD TO ESTABLISH COMPENSATION ARRANGEMENTS. Pt VI, Line 15b: SEE PT VI, LINE 15A ABOVE. Pt VI, Line 19: AVAILABLE UPON REQUEST. Pt IX, Line 24e: Description: ORGANIZATIONAL EXPENSE

Total: \$1,465

Name of the organization	Employer identification number
PEACE OFFICERS RESEARCH ASSOC OF CALIFORNIA	23-7077256
Description: REPAIR & MAINTENACE	·····
Total: \$70,906	
Description: CHAPTER EXPENSES	
Total: \$68,904	
Description: RETENTION & RECRUITMENT	
Total: \$18,699	
Description: PROMOTION/DONATION	
Total: \$13,792	
Description: WAGE REIMB./RELEASE TIME	
Total: \$219,034	
Description: UTILITIES	
Total: \$45,185	
Description: TELEPHONE EXPENSE	
Total: \$21,582	
Description: PEST CONTROL	
Total: \$1,614	
Description: SECURITY	
Total: \$6,655	
Description: JANITORIAL EXPENSE	
Total: \$22,828	
Description: PROPERTY TAX	
Total: \$47,565	
Description: EQUIPMENT LEASE	
Total: \$13,666	
Description: EQUIPMENT MAINT	
Total: \$4,085	
Description: ADMINISTRATIVE FEES	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number 23-7077256
PEACE OFFICERS RESEARCH ASSOC OF CALIFORNIA	23-7077236
Total: \$6,000	
December of MEMDEDCUTD DURG	
Description: MEMBERSHIP DUES	
Total: \$720	
December MEDOUANE OPEDIE CARD REEC	
Description: MERCHANT CREDIT CARD FEES	
Total: \$44,333	
Description: CPER BOOK EXPENSE	
Description. Creat Book Extende	
Total: \$6,795	
Description: MISC EXPENSES	
	······
Total: \$13,090	
Description: TAX & LICENSE	
Total: \$1,093	·····
Description: DOCUMENT SHREDDING	
m · 3 .000	
Total: \$600	
Description: BOOKS/SUBSCRIPTIONS	·
ma+al. 64 502	
Total: \$4,582	······
Description: PAYROLL PROCESSING	
Total: \$6,893 .	•
10001. 407030	·····
Description: PROMOTIONAL MERCHANDISE	
Total: \$8,840	
······	
	,

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

PEACE OFFICERS RESEARCH ASSOC OF CALIFORNIA

Partnerships
Unrelated
rganizations and
Related 0

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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) for i
o to www.irs.gov/Form990
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2019

OMB No.,1545-6047

Open to Public Inspection

 23-7077256	

Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33. Partl

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(E)	(1)					
(2)						
(3)	(6)					
(4)	(4)			:		
(2)	(5)					
(9)	(9)					
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	mplete if the organization ix year.	answered "Yes" o	in Form 990, Pa	ırt IV, line 34, bec	ause it had

6							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling sentity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led '?
						Yes	٩
(1) PORAC POLITICAL ACTION COMMITTEE 94-2881214 555 CAPITOL MALL, STE 1425 SACRAMENTO CA 95814	TO LOUIS THE WASHINGS PROFILE OF CA	CA	527			×	
(2) PORAC LEGAL DEFENSE FUND 94-2381827 555 W BENJAMIN HOLT DRIVE #320 STOCKTON CA 95207 11 PAPIE	D PATIE CILL LETER IN FICHE SATTI UPTICE CA	CA			N/A		×
(3) PEACE OFFICERS RELEIF & EDUCATION 94-2677725 4010 TRUXEL ROAD SACRAMENTO CA 95834	EDUCATION SCHOLARSHIPS C.A.	CA	501(C)(3)	PF	N/A		×
(4) PORAC OFFICIAL LAW ENFORCE VOTER 68-0344989 555 CAPITOL MALL, SUITE 1425 SACRAMENTO CA 95814 POLITICAL ACTIVITIES CA	POLITICAL ACTIVITIES	CA	527		N/A	×	
(5) PORAC INDEPENDENT EXPENDITURE COMMITTEE 27-2440153 4010 TRUXEL ROAD SACRAMENTO CA 95834	STRYAR CHOUNTES FOR STAR AND WOLL OFFICE C.P.	CA	527		N/A	×	
(9)							
(2)							

Schedule R (F	Schedule R (Form 990) 2019												. Page
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organizations it had one or more related organizations treated as a partnership during the tax year	Related Organiza or more related	tions Taxab organizations	le as a P s treated	artnership.	e as a Partnership. Complete if the organization answered "Yes" treated as a partnership during the tax year.	ie organizat e tax year.	ion answer	se, "be	" on Form 990, Part IV, line 34,), Part	IV, lin	
Name, relë	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		Direct controlling Prentity ince	Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(I) General or managing partner?	(k) Percentage ownership
£									Yes	No	<u>></u>	Yes No	
(2)													
<u> </u>													
(4)													
(2)										,,,			
(9)												<u> </u>	
(2)												<u> </u>	
Part IV	Identification of Related Organizations Taxabl	lelated Organiza had one or more	tions Taxabl related orgar	le as a C	orporation of treated as a	or Trust. Com	plete if the r trust durir	organizatio	on answe	e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, pizations treated as a corporation or trust during the tax year.	Form	990, F	art IV,
Name	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entry?
3													Yes No
(E)													
(2)													
(3)													
(4)													
(2)													
(9)													
(2)													
BAA					REV 06/02/20 PRO	20 PRO				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pado	P R (Fo	Schedille B (Form 990) 201

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	izations listed in Parl	Is II-IV?		
a Receipt of (i) interest, (ii) annuttes, (iii) royalties, or (iv) rent from a controlled entity				1 a	×
b Gift, grant, or capital contribution to related organization(s)			•	1p	×
c Gift, grant, or capital contribution from related organization(s)	•			10	×
d Loans or loan quarantees to or for related organization(s)				10	×
	•	•		1 4	×
		· · · ·		2	
(1)			•	 ;	7:
T Dividends from related organization(s)			· · · ·	=	×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)			•	‡	×
i Exchange of assets with related organization(s)	•			ij.	×
j Lease of facilities, equipment, or other assets to related organization(s)				 -	×
			I		
k Lease of facilities, equipment, or other assets from related organization(s)		•	•	 *	×
l Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			•	£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				t L	×
o Sharno of paid employees with related organization(s)				10	×
	•	•	•	!	
b Reimbursement paid to related organization(s) for expenses				12	×
Reimbursement haid by related organization(s) for expenses	•	•	· · ·	×	
				┼	
r Other transfer of cash or property to related organization(s)			•	×	1
			•	┿	×
				2 -	\ :
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, inclu	iding covered relatio	nships and transactio	n thresho	olds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount inve	olved
(1) PORAC POLITICAL ACTION COMMITTEE	~	2,109,713.	AUDITED FINANCIALS	CIALS	
(2) PEACE OFFICERS RELEIF & EDUCATION FUND	α.	51,300.	AUDITED FINANCIALS	CIALS	
		,	l		
(3) PORAC POLITICAL ACTION COMMITTEE	ð	6,116.	AUDITED FINANCIALS	CIALS	
(4) PORAC STATEWIDE INDEPENDENT EXPENDITURE COMMITTEE	~	75.	AUDITED FINANCIALS	CIALS	
(5)					
·					
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

מי שני שני יומי איימי איימי שני שני שני שני שני שני שני שני שני שנ	3	000000	is regarding exchange to contain investment partitionally.	מיויים יכו יום	יו ווייייים אווי שלייוי	a ci ci ci ci ci ci ci				•
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20	(i) General or managing	(k) Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)	partner?	<u>-</u> -
				Yes No			Yes No		Yes No	
(1)	- 4									
(2)										
(3)										
(4)										
(5)										
(9)										
(Δ)										
(8)										
(6)										
(10)										
(11)	•									
(12)										
(13)										
(14)										
(15)										
(16)										
ВАА			REV 06/	REV 06/02/20 PRO				Sche	dule R (Forn	Schedule R (Form 990) 2019

Part VII	Supplemental Information	Page \$
Part VII	Provide additional information for responses to questions on Schedule R. See instructions.	
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